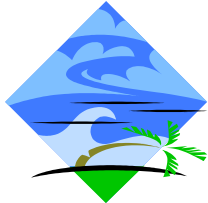


# The Rivah Digest

A quarterly newsletter of the Rappahannock Area Health District



## RAHD Helps Hurricane Katrina Evacuees



The Rappahannock Area Health District provided a number of services as part of the Hurricane Katrina relief effort:

- Offered immunizations to emergency responders traveling to the hurricane-damaged area.
- Provided immunizations to approximately 450 hurricane survivors that arrived in the Fredericksburg area.
- Deployed medical volunteers from our auxiliary, the Rappahannock Medical Reserve Corps, to the Gulf Coast to work in shelters.
- Worked directly with the Rappahannock Chapter of the American Red Cross to locate medical referrals for hurricane survivors. Acting on a suggestion from an area pediatrician, Dr. Dan Tremontozzi, the District developed a physician referral system, organized by medical specialty, for Hurricane Katrina survivors that have registered with the local American Red Cross chapter. More than 30 physicians signed up to provide care.
- Provided our Rappahannock Medical Reserve Corps volunteer members directly to our local Red Cross chapter to assist with any medical services needed locally.
- Held an evacuee clinic on September 30th to provide health screening for adults, plus school health physicals and immunizations for children that came here to live and go to school. The Fredericksburg Department of Social Services, Rappahannock Area Community Services Board, Rappahannock Medical Reserve Corps, and the disAbility Resource Center of the Rappahannock Area, Inc. also participated.
- Enrolled any evacuees requesting maternity, family planning, Women-Infants-Children (WIC), and/or dental services.



MRC volunteers Cris Groth and Joan Rawson helping at the RAHD's evacuee clinic.

**December  
2005**

### **Health Departments**

- *Rappahannock District Office*  
540-899-4797
- *Caroline County*  
804-633-5465
- *King George County*  
540-775-3111
- *Fredericksburg*  
540-899-4142
- *Spotsylvania County*  
540-582-7155
- *Stafford County*  
540-659-3101

### **After-hours reporting:**

- *Communicable Disease & Out-break Reporting*  
540-850-1250
- *Environmental Pager*  
540-899-8601
- *Rabies Pager (weekends only)*  
540-372-2562
- *New toll-free number for public health and Bioterrorism events*  
866-531-3068

## 2005-2006 Flu Season

Flu shots are highly recommended for people at increased risk including:

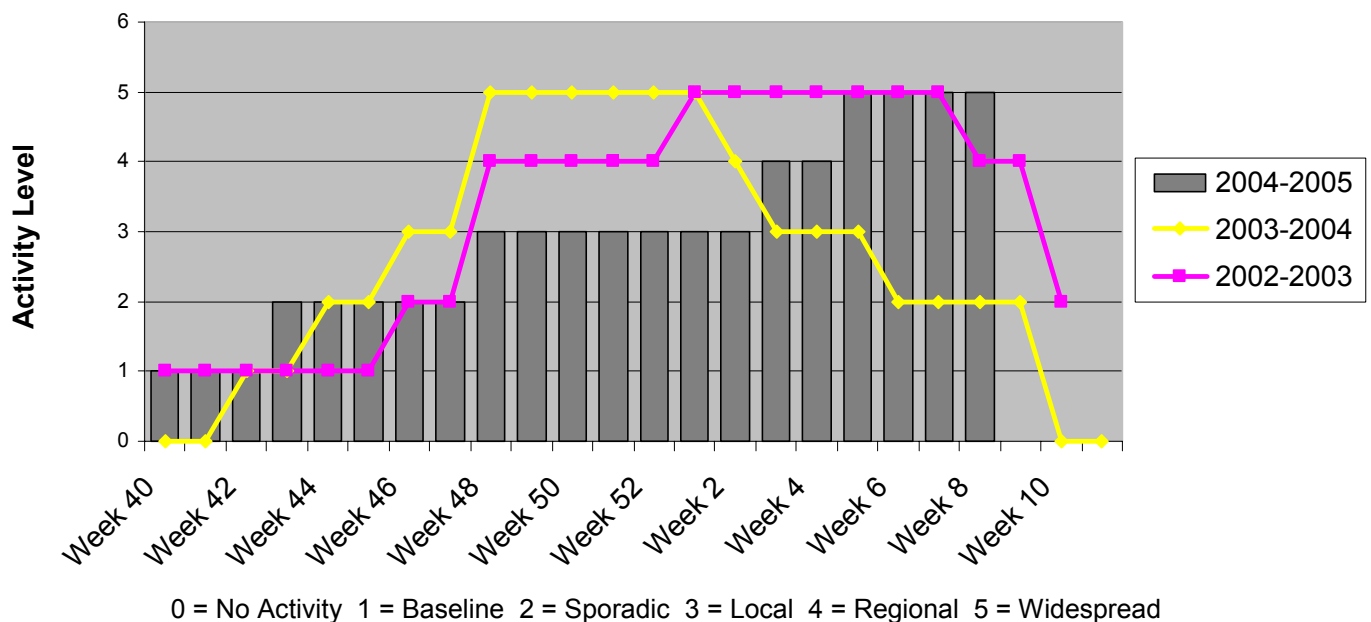


- ◆ People 65 years of age or older;
- ◆ Children 6 to 23 months old;
- ◆ Residents of long-term care facilities;
- ◆ People with chronic cardiovascular or pulmonary disease, including asthma;
- ◆ People with chronic metabolic diseases such as diabetes, kidney dysfunction, blood disorders or immune system problems;
- ◆ Children and adolescents who are receiving long-term aspirin therapy;
- ◆ Women who will be pregnant during the flu season;
- ◆ Health care professionals and any household contacts or care providers of children under 6 months of age, to help prevent the spread of influenza to patients who may have existing health conditions and children who are too young to be vaccinated.

The Rappahannock Area Health District and the Virginia Department of Health will be conducting flu surveillance with the help of local sentinel providers. Weekly flu activity will be posted on our web site! Check it out at [rahd.vdh.virginia.gov](http://rahd.vdh.virginia.gov)

## Comparison of past flu seasons

**Virginia ILI Activity Level Reported by Sentinel Providers,  
2004-2005 and 2 prior seasons**



## Guidelines for Prescribing Oseltamivir for Pandemic Influenza



As concerns about the possibility of an influenza pandemic grow, physicians may be faced with patients requesting prescriptions for oseltamivir (Tamiflu) to keep in personal stockpiles. The Virginia Department of Health does not recommend writing such prescriptions or establishing personal stockpiles. However, since each patient situation is unique, VDH has issued guidelines outlining the advantages and disadvantages of stockpile prescriptions to assist physicians in making the decision to fulfill such a request. The full guidelines are available at <http://www.vdh.virginia.gov/EPR/index.asp>.

### Reasons to Consider Prescribing Oseltamivir:

- ◆ Covers more than one type of influenza (both Type A and Type B influenza);
- ◆ Can be used for either prophylaxis or treatment;
- ◆ Can prevent illness while permitting sub-clinical infection, allowing for the development of immunity;
- ◆ Effective in-vitro against the currently circulating H5N1 strain of avian influenza;
- ◆ Government stockpiles, both federal and state, will be limited for at least the next 12 months.

### Problems with Prescribing Oseltamivir:

- ◆ Prophylactic use is complicated by the long duration of prophylaxis required, and by the possibility that an influenza pandemic may occur in several waves;
- ◆ Timing is critical for use as therapy, since the medication should be administered within two days of illness onset;
- ◆ Benefits of treatment may be limited (shortened illness duration by one day in clinical trials);
- ◆ Uncertain clinical effectiveness against the currently circulating H5N1 avian influenza ;
- ◆ Uncertain effectiveness against a new pandemic strain;
- ◆ Doses are expensive, and insurance is unlikely to cover use without immediate clinical indications;
- ◆ Limited supplies are best used for containment overseas;
- ◆ Limited supplies are best used for priority groups in the U.S.;
- ◆ Inappropriate or widespread use may lead to resistance;
- ◆ Personal stockpiles may get lost;
- ◆ Has a limited shelf life—even when properly stored, it is only guaranteed for five years, so stockpiles may pass the expiration date before a pandemic starts;
- ◆ Side effects may offset benefits, including side effects that have not yet come to light due to limited use;
- ◆ Absence of consumer guidance for use of medications once a stockpile is obtained.

*For additional information on pandemic influenza, visit <http://www.PandemicFlu.gov> or <http://www.cdc.gov/flu/avian/>.*

Donald Stern, MD, MPH — Director of Public Health  
 Elizabeth Lowery, MPH — District Epidemiologist  
 Joe Saitta, Ed.D — Emergency Planner  
 Kay Jones, RNC, MBA — Nurse Manager



Rappahannock Area Health District  
 608 Jackson Street  
 Fredericksburg, VA 22401  
 Phone: 540-899-4797  
 Fax: 540-899-4599

Please visit us on the web @  
[rahd.vdh.virginia.gov](http://rahd.vdh.virginia.gov)

### Staff Changes at RAHD

**Leah Dewey**, District Epidemiologist and creator of *The Rivah Digest*, left RAHD in October. She joined Health Management Corporation as a Health Information Consultant. HMC is one of the top disease management firms, addressing high-impact conditions such as diabetes, CAD, CHF, asthma, and COPD. HMC's programs strive to improve outcomes, reduce lengths of stay, lower costs and, improve quality of life. Leah will conduct health outcomes analysis, comparing pre- and post-intervention metrics and presenting the findings to clients.

Elizabeth Lowery was hired as the new District Epidemiologist in November. Elizabeth has a Master of Public Health degree from the University of Michigan. She spent the last two years as a fellow with the Centers for Disease Control and Prevention, conducting research in HIV and TB and Occupational Asthma.

**Contact Elizabeth Lowery at (540) 899-4797 x101.**

### Selected Reportable Diseases in RAHD - January - September 2005 vs 2004<sup>+</sup>

DISEASE	2005		2004		Diff	Change	2004 State	
	(n)	rate <sup>†</sup>	(n)	rate <sup>†</sup>	(n)	(%)	(n)	rate <sup>†</sup>
AIDS	11	4.1	19	7.1	-8	-42.1	518	7.1
Campylobacter	23	8.6	18	6.7	5	27.8	510	7.0
Chickenpox	16	6.0	4	1.5	12	300.0	-	-
Chlamydia Trachomatis	505	188.6	487	181.9	18	3.7	16,670	228.6
Enterohemorrhagic E.coli	2	0.7	1	0.4	1	100.0	-	-
Giardiasis	13	4.9	11	4.1	2	18.2	374	5.1
Gonorrhea	135	50.4	151	56.4	-16	-10.6	6,702	91.9
HIV Infection	11	4.1	15	5.6	-4	-26.7	649	8.9
<b>Haemophilus Influenza Infection</b>	7	2.6	1	0.4	6	600.0	-	-
<b>Hepatitis A</b>	2	0.7	3	1.1	-1	-33.3	96	1.3
Hepatitis B (Acute)	11	4.1	7	2.6	4	57.1	190	2.6
Hepatitis C (Acute)	6	2.2	6	2.2	0	0.0	-	-
Lyme Disease*	23	8.6	16	6.0	7	43.8	-	-
<b>Meningococcal Infection</b>	4	1.5	0	0.0	4	-	14	0.2
<b>Pertussis</b>	12	4.5	1	0.4	11	1100	135	1.9
Rocky Mountain Spotted Fever	4	1.5	3	1.1	1	33.3	-	-
Salmonellosis	30	11.2	35	13.1	-5	-14.3	891	12.2
Shigellosis	4	1.5	2	0.7	2	100.0	119	1.6
Streptococcal Disease, Group A, invasive	7	2.6	13	4.9	-6	-46.2	-	-
Streptococcus pneumoniae**	11	4.1	4	1.5	7	175.0	-	-
<b>Syphilis, Total Early (primary, secondary, early latent)</b>	5	1.9	3	1.1	2	66.7	153	2.1
<b>Tuberculosis (Mycobacteria)</b>	10	3.7	9	3.4	1	11.1	185	2.5

<sup>+</sup> Data is preliminary.

<sup>†</sup> Rate based on 2002 US Census (267,748 for Rappahannock; 7,293,542 for VA)

\* Lyme cases are all suspected cases reported to RAHD, not all cases met CDC surveillance definition.

\*\* Invasive S. pneumonia infection in children < 5 years of age. RAHD is working with CDC and Wythe to report possible vaccine failures.